

Alternative Care Facility Provider Training

A Training for existing ACF Providers

2014



What You Will Learn

- What is an ACF?
 - How do I become an ACF?
 - Who is eligible?
- Medicare vs. Medicaid
 - What does Medicaid cover?
- ACF Responsibilities
 - Provider
 - Resident
- Medicaid Billing Process
- Resources and Glossary
- Certificate



What is an ALR?

- **All** Assisted Living Residences (ALR) in Colorado **must** be licensed by the state through the Department of Public Health and Environment
- ALRs serve residents who have **private** health insurance **or** pay out-of-pocket
- **ALRs** that are not Medicaid certified **cannot bill** for services provided to residents who receive **ONLY Medicaid** benefits



What is an ACF?

- ALRs who wish to **provide services to Medicaid** recipients must become Medicaid certified
- Medicaid certified ALRs are called **Alternative Care Facilities (ACFs)**
- Completing this training is **one step** in the process of becoming an ACF

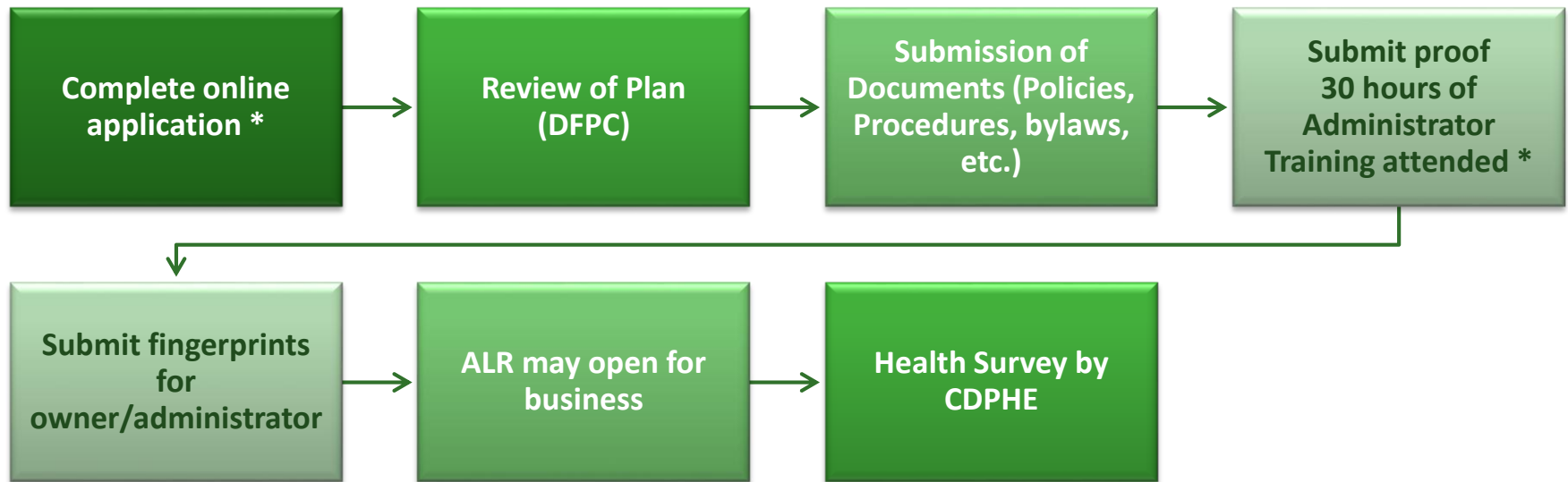


State Departments Roles

CO Dept. of Public Health & Environment (CDPHE)	Dept. of Health Care Policy & Financing (HCPF)	Dept. of Public Safety – Div. of Fire Prevention & Control
<ul style="list-style-type: none"> Licenses ALR facilities Recommends ACF certification to HCPF Ensures facility compliance with Federal and State regulations Contact: Dee Reda 303-692-2893 	<ul style="list-style-type: none"> Determines Providers' Medicaid eligibility and processes application Provides certification for Medicaid billing Sets Medicaid rules for ACFs Application process contact: Nicholas Clark 303-866-2436 Other ACF policy issues: Sarah Hoerle 303-866-2669 	<ul style="list-style-type: none"> Responsible for Life Safety Code: <ul style="list-style-type: none"> \$500 for Certification of Compliance Scope of Work permits for three year period Grants Permits for building improvements <p>For more information: http://dfpc.state.co.us</p> <p>Contact: Sean Schwartzkopf 303-692-2914 or 303-692-6292</p>

ALR Requirements for Licensure

- All ALRs must be licensed by CDPHE



* See resources section for additional information

Requirements for ACF Medicaid Certification

- All ACFs must be a licensed ALR **AND Medicaid certified** by HCPF before billing Medicaid for ACF services



- * Submit a copy of the last page of this presentation to Nicholas.Clark@state.co.us or by fax to 303-866-2786
 - See resources section for additional information

- ** Provided by Colorado Medical Assistance Program
 - See resources section for additional information

Who is Eligible?

- Medicaid clients who are eligible to receive ACF services must:
 - Be **enrolled** in the Elderly Blind and Disabled (EBD) waiver **OR** the Community Mental Health Supports (CMHS) waiver
 - Meet **nursing home level of care**, as determined by a functional assessment completed by Single Entry Point (SEP) case manager



Learning Checkpoint 1

Take a moment to review these checkpoint questions.

Question	True	False
ACFs must be Medicaid Certified by HCPF.		
ACF services are waiver services.		
To be eligible for ACF services, potential residents must only meet nursing home level of care requirements.		
Licensure and Certification requires multiple state agency approval.		

Learning Checkpoint 1

Answers

Question / Clarification	True	False
ACFs must be Medicaid Certified by HCPF. True: CDPHE does the licensure and site survey to ensure an ACF meets minimum requirements, but HCPF assigns Medicaid provider ID needed for billing.	X	
ACF services are waiver services. True: ACF services are part of the Colorado Medicaid HCBS waiver services under the EBD and CMHS waivers.	X	
To be eligible for ACF services, potential residents must only meet nursing home level of care requirements. False: Residents must ALSO be enrolled on the EBD or CMHS waiver, in addition to meeting nursing home level of care.		X
Licensure and Certification requires multiple state agency approval. True: Three State Departments work together on ACF Medicaid Certification: CDPHE, HCPF and DPS.	X	

Medicare vs. Medicaid



Medicare vs. Medicaid

Medicare	Medicaid
<ul style="list-style-type: none">• Federal insurance program that people pay into (payroll deduction)• For people with disabilities and people over 65 years of age• Does NOT cover Long Term Services and Supports or ACF services• ACF providers have no role/responsibility with Medicare• If ACF residents have questions about Medicare, refer them to the State Health Insurance Assistance Program (SHIP) shiptalk.org	<ul style="list-style-type: none">• Jointly funded by the State and Federal Government• Public health insurance for Colorado residents who qualify• Clients must meet financial and functional requirements• Covers Long Term Services and Supports and ACF services• ACF providers bill Medicaid for ACF services (excluding room and board)

More on Medicaid

Medicaid is an optional program for States:

- States can decide if they want to participate, though **all States currently do** participate
- Medicaid is a federal program, but it is **administered** by individual States
- While there are some basic requirements, States have some **flexibility** to design how their Medicaid system works in their State



More on Medicaid

Once a state chooses to participate in Medicaid, certain populations **must be** included:

- Children
- Low-income families
- Pregnant women
- Elderly individuals
- Individuals with disabilities
- Adults without dependent children

If an individual in one of these categories meets eligibility requirements, that person is **entitled** to receive Medicaid services.



Colorado's State Plan

Each State defines its Medicaid program through a contract with the Centers for Medicare and Medicaid Services (CMS), which is the federal agency that oversees Medicaid.

That contract is called the “State Plan.”

The **State Plan** does 3 key things:

- Establishes **eligibility** standards
- Determines **type, amount, scope and duration** of medical services
- Sets provider **reimbursement** rates



HCBS Waivers

In addition to State Plan services, there are also Home and Community Based Services (HCBS) **Waiver programs**.

These **waivers provide additional** Medicaid benefits, including ACF Services, to specific populations who meet special eligibility criteria.

HCBS Waivers are Federally authorized by the Social Security Act 1915c.



Adult HCBS Waivers in Colorado

A list of all HCBS Waivers for Adults in Colorado:

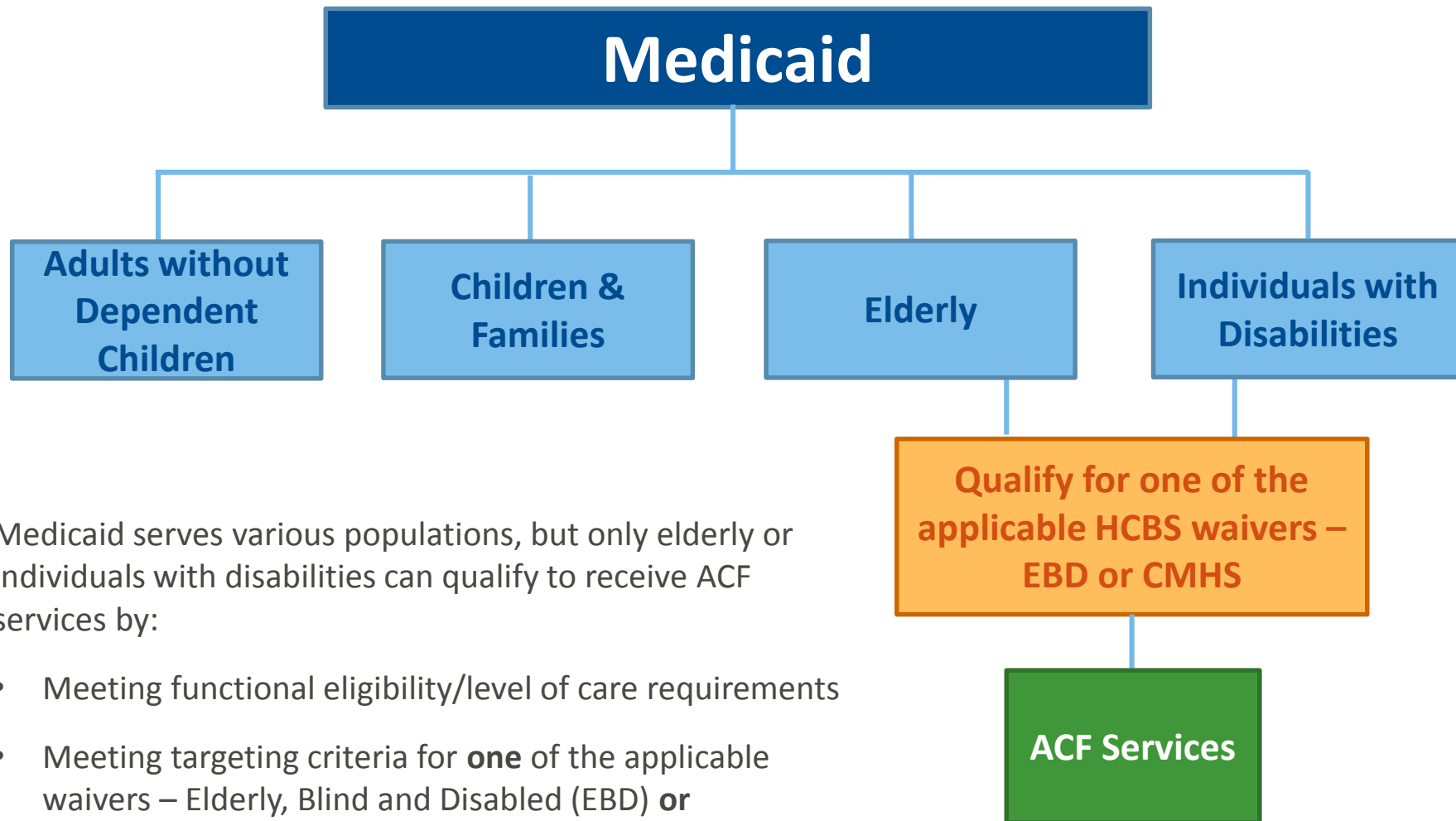
- Persons who are Elderly, Blind and Disabled (EBD)
- Community Mental Health Supports Waiver (CMHS)
(Only the EBD and CMHS Waivers are eligible for ACF services)
- Persons with Brain Injury
- Persons with Developmental Disabilities
- Persons with Spinal Cord Injury
- Supported Living Services Waiver

Additionally, Colorado has five children-specific waivers.

HCPF Website for more detail about HCBS Waivers:

www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509





Medicaid serves various populations, but only elderly or individuals with disabilities can qualify to receive ACF services by:

- Meeting functional eligibility/level of care requirements
- Meeting targeting criteria for **one** of the applicable waivers – Elderly, Blind and Disabled (EBD) **or** Community Mental Health Services (CMHS)

More Information on HCBS Waivers

- Waiver programs provide all State Plan Medicaid benefits **plus additional** Medicaid benefits to specific populations who meet special eligibility criteria
- Clients must **meet specific waiver-related** financial, functional, and program criteria to access services
- To utilize waiver benefits, clients must be willing to receive services **in their homes or communities** (e.g., ACF, private home, group home, etc.)
- HCBS Waivers pay for ACF services
- Residents **must pay** Room and Board to the ACF
- [HCPF](#) sets a **per diem** amount for services provided by the ACF (e.g., services like meal preparation, housekeeping, etc.)



Learning Checkpoint 2

Take a moment to review these checkpoint questions.

Question	True	False
Medicaid is public health program for Colorado residents who qualify.		
Medicare pays for ACF services.		
HCBS Waivers provide additional Medicaid benefits to specific Colorado populations.		
HCBS services are Waiver services.		
Only the Spinal Cord Injury Waiver includes ACF services.		

Learning Checkpoint 2

Answers

Question / Clarification	True	False
Medicaid is public health program for Colorado residents who qualify.	X	
Medicare pays for ACF services. False: Only Medicaid pays for ACF services. Residents can either utilize Medicare or pay privately for ALR services.		X
HCBS Waivers provide additional Medicaid benefits to specific Colorado populations.	X	
HCBS services are Waiver services.	X	
Only the Spinal Cord Injury Waiver includes ACF services. False: Only the EBD and CMHS Waivers include ACF Services.		X

ACF Responsibilities



Provider Eligibility

ACF Providers **must maintain** any license, permit, certification, insurance or bond as required by state or local authority.

Provisional certification may be granted at the discretion of the Department ([HCPF](#)) for up to 60 days.

Certification will be **denied** when a Provider is unable to meet, or adequately correct, licensure and/or certification standards.

Rule Citation: 10 CCR 2505-10, 8.495.5.B and 8.495.5.D
See [Resources and Glossary](#) for more information on [locating Medicaid Rules](#)



Provider Eligibility

ACF Providers **must** notify the Department ([HCPE](#)) within **five working days** when any required license, permit, certification, insurance or bond has a change in status, including any suspension, revocation or termination.

The Department ([HCPE](#)) **may terminate or not renew** the Provider Agreement if a Provider is in violation of any applicable standards or regulations.

(8.495.5.B and 8.495.5.D)



Resident Pre-Admission Assessment

Before moving into an ACF, the **potential resident and their team collaborates** in order to identify the resident's strengths, needs and desires to determine if the ACF is an appropriate setting.

The team **must include the resident** along with **any or all** of the following:

- Resident's family member(s) and/or guardian
- The ACF administrator or their representative
- The SEP case manager
- Any other appropriate case managers or caregivers

(8.495.2.B)



Appropriateness of Medicaid Client Placement

An ACF must **NOT** admit any resident who:

- Needs skilled services regularly
 - Skilled services can only be provided on an intermittent basis by a certified Medicaid home health provider
- Is incapable of self-administration of medication, and the facility does not administer medications
- Is consistently **unwilling to take** medication prescribed by a physician

(8.495.6.I)

- Find information about skilled and unskilled care in HCPF rule 8.489



Appropriateness of Medicaid Client Placement

An ACF must **NOT** admit any resident who:

- Is diagnosed with a **substance abuse issue and refuses treatment** by appropriate mental health/medical professionals
- Has an **acute physical illness** which **cannot be managed** through medications or prescribed therapy
- Has a **seizure disorder** that is **not** adequately controlled

(8.495.6.1)



Appropriateness of Medicaid Client Placement

An ACF must **NOT** admit any resident who:

- Exhibits **behavior** that:
 - Disrupts the safety, health and social needs of the home
 - Poses a physical threat to self or others and fails to respond to interventions, as outlined in the resident's [care plan](#)
 - Indicates an unwillingness or inability to maintain personal hygiene under supervision or with assistance
 - Is consistently disoriented to time, person and place to such a degree he/she poses a danger to self or others and the ACF does not provide a [secured environment](#)

(8.495.6.1)



Appropriateness of Medicaid Client Placement

An ACF must **NOT** admit any resident who:

- Has **physical** limitations that:
 - Limit ambulation, unless compensated for by assistive device(s) or with assistance from staff
 - Require tray food services (unless by resident choice) on a continuous basis

Residents admitted for **respite care** to the ACF must meet the same criteria as other residents for appropriate placement.

(8.495.6.1)



ACF Resident Benefits

Depending on the resident's needs as documented in the [Care Plan](#), below are **some** of the assistance/services ACFs **may provide** to residents in ACFs:

Bathing

Mouth care

Dressing

Ambulation

Bladder/bowel care

Routine housecleaning

Bed making

Skin, hair and nail care

Shaving

Feeding

Transfers and positioning

Accompanying

Shopping/meal preparation

Laundry

Important: ACF Administrator is responsible for ensuring that **all staff** are adequately trained to provide assistance/services offered by your ACF.

(8.495.1) 30



Resident On-Going Assessment

Additionally:

- Residents must be assessed **annually and anytime** there is a **significant change** in physical, medical or mental condition or behavior.
- Assessments **must document all** physical, cognitive, behavioral and social-care needs.
- **All assessments** must be kept in the resident's file while the resident is in the ACF and for **six years after discharge** from ACF.

(8.495.2.B and 8.495.6.A)



ACF Resident Rights

ACF residents have the same rights as all American citizens, however, Colorado law (Rules) also define additional rights.

ACF House Rules are important, but they must not restrict the rights of ACF residents.

Note: Rules for client rights are in the process being changed based on Federal Regulation. A transition plan will published on the following HCPF website to provide details on compliance.

HCPF ACF website –

www.colorado.gov/cs/Satellite/HCPF/HCPF/1251641338335

CMS Federal HCBS Rule –

www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf



ACF Resident Rights

An ACF must **foster the independence** of the resident while **promoting** each resident's individuality, choice of care, and lifestyle.

The resident's choice to live in an ACF shall:

- afford the resident the opportunity to **responsibly contribute** to the home in meaningful ways, and
- **avoid reducing** personal choice and initiative.

The resident's individual behaviors **shall not** negatively impact the harmony of the ACF.

(8.495.4.A)

33



ACF Resident Rights

Residents have the **right to be informed** of:

- Their **rights** as an ACF resident
- **All** ACF “house rules” or policies
- An ACFs policy regarding **advance directives**

The policy for resident rights **must be posted** in a conspicuous place in the ACF.

Rules and policies must apply consistently **to everyone**, as appropriate, (e.g., administrators, staff, volunteers, residents, visitors, etc.)



ACF Resident Rights

Residents have the right to:

- Decorate and use personal furnishings in their bedrooms (in accordance with House Rules;)
- Lock their doors and control access to their quarters, if they are determined capable of doing so;
- Unscheduled access to food and food preparation areas (if determined capable to appropriately handle cooking activities;)
- A choice of semi-private or private rooms, as well as a choice of roommate. The ACF must accommodate roommate choices, within reason.

(8.495.4.E - H) 35



ACF Resident Rights

Residents are not required to perform household or other tasks, unless the need for [Life Skills Training](#) is documented in the [Care Plan](#).

Residents have the right to possess and self-administer medications with a physician's written order, as appropriate.

(8.495.4.I - J)



ACF Service Standards

The facility shall provide Protective Oversight to residents.

Providers shall:

- **Not discontinue or refuse** services to a resident unless documented efforts have been ineffective to resolve the conflict leading to the discontinuance or refusal of services.
- Have **written** policies and procedures for employment practices.
- **Maintain and follow** written policies and procedures for the administration of medication in accordance with the rules, if the facility administers medication to residents.

(8.495.6.F)



ACF Service Standards

Providers shall maintain the following records/files:

- **Personnel files** for all staff and volunteers shall include:
 - Contact information, date of hire, job description, chain of supervision and performance evaluation(s).
 - For staff with direct resident contact, including food handlers, **evidence of pre-hire and annual** tuberculin (TB) testing or chest x-ray, where appropriate.
 - An **annual influenza vaccination** is required of all staff.
- **Resident files** shall include the team assessment and [care plan](#) as outlined in the rules.

(8.495.6.F)



ACF Service Standards

The facility shall:

- Ensure that its staff have a **clear understanding** of all regulations pertaining to the facility's licensure and certification by the State of Colorado;
- Encourage and assist **resident's participation** in activities within the ACF community and the wider community, when appropriate;
- Follow **discharge procedures** in CDPHE rules, as well as their own discharge policy;
- Ensure the resident is **safely discharged**.

(8.495.6)

In the future, **all ACFs** must have a policy in place for **resident eviction protection**, in response to the federal HCBS rule.



ACF Service Standards - QMAP

If an ACF resident chooses to receive assistance with medications **beyond reminders**, then the ACF **must** have a Qualified Medication Administration Person (QMAP) on the team to provide that assistance.

Staff who successfully complete a QMAP course should be able to:

- **Administer** medications according to written physician's orders
- Take **extra care** with Controlled Substances and Narcotics
- Maintain **proper documentation** of the administration of both prescription and non-prescription drugs
- Use **proper techniques** when administering medications by the various routes
- **Safely and accurately** fill and administer medications to and from medication reminder boxes with oversight from a licensed person or qualified manager

For more information: www.colorado.gov/cs/Satellite/CDPHE-HF/CBON/1251590618030



ACF Staffing Standards

Permanently document the 24-hour day:

- Divided into two 12 hour blocks (daytime and nighttime) and disclose in the written resident agreements
 - 1 staff to 10 residents – daytime
 - 1 staff to 16 residents – nighttime
 - 1 awake staff to 6 residents in a secured environment

Staffing waivers are granted for **nighttime hours** only, and they become null and void with any change of ownership or licensed beds change.

Any deficiencies of either fire safety or patient care will result in a **denial or revocation** of staffing waiver.

(8.495.6.G)



ACF Environmental Standards

Maintain a home-like quality & feel for all residents at all times

- Private telephone
- Private area for visitors for those in shared bedroom
- Common areas access that is not through another resident's bedroom
- Battery or generator-powered alternative lighting system in the event of a power failure
- Heated to at least 70 degrees during the day and 65 degrees at night
 - Bedroom temperatures less than 85 degrees
 - During the summer, facility must provide at least one common area that can accommodate all residents where the temperature is no more than 76 degrees

(8.495.6.E)



ACF Environmental Standards

- ACF must **maintain a schedule** of daily recreational and social activities available in a given month:
 - Schedule must be posted in conspicuous place
 - Activities must be offered to all residents
 - Encourage activities within the ACF and the community
- Appropriate reading material must be provided.
- Nutritious food and beverage must be available at all times.

(8.495.6.E)



Secured Environment Standards

Documentation must exist to **support the reason why** the treatment regimen supports the need for a resident to be cared for in a secured environment.

- An ACF providing a secured environment may be licensed for a **maximum** of 30 secured beds.
 - If **additional** beds are needed, a waiver may be granted by the Department (HCPF) if provider can **justify** the need and ensure the health, safety and quality of care of the residents.

(8.495.6.H)



Secured Environment Standards

Other requirements for [secured environments](#):

- Provide an environment that **promotes independence** and minimizes agitation through the use of visual cues and signs.
- Doors to bedrooms shall **not be locked** unless the resident is able to manage the key independently.
- Provide a secured outdoor area that is **accessible without staff assistance**. Outdoor area should be level, well maintained and appropriately equipped for the residents.

(8.495.6.H)



Reporting Responsibilities

In order to be in compliance, ACFs **must notify** the resident's SEP case manager **within 24 hours** of **any change** of resident condition, incident or situation that should be communicated to other interested parties.

Notify the SEP case manager of:

- any planned or unplanned non-medical leave (e.g., family visits or field trips) greater than 24 hours.
- any planned or unplanned programmatic leave (e.g., therapeutic and/or rehabilitative) greater than 24 hours.

(8.495.6.B - C)



CDPHE - Occurrence Reporting

All health care entities licensed by CDPHE are required to report occurrences to CDPHE **before the end of the next business day** after staff is aware of the occurrence.

Reportable occurrences include:

- unexplained deaths
- brain injuries
- spinal cord injuries
- severe burns
- missing persons
- physical abuse
- verbal abuse
- sexual abuse
- neglect
- misappropriation of property
- diverted drugs
- malfunction/misuse of equipment

Suggested Reading (CDPHE Occurrence Reporting):

www.colorado.gov/cs/Satellite/CDPHE-HF/CBON/1251590618019

Sue Neff: 303-692-2826



HCPF – Critical Incident Reporting

All ACFs certified by Medicaid are required to report critical incidents to their local Single Entry Point (SEP) within **one business day**

- Critical Incidents include occurrences of **abuse, neglect, exploitation, or unexpected death.**
- A critical incident (as reported to a SEP) may also be classified as an occurrence (as reported to CDPHE); ACFs **may** need to **report the same incident to both agencies.**
- Providers have the responsibility to report **any crime or suspected crime** to Law Enforcement Authorities, as well as to CDPHE and the SEP.
- ACFs should report all incidents of **abuse, neglect and exploitation** of an at-risk adult by **calling the Adult Protective Services (APS) intake** number for the County Department of Human/Social Services where the at-risk adult lives.

(8.495.6.B)



Documentation Responsibilities

- **All documentation** must be kept for **six years**, even if there is a change of ownership. (8.495.6.A and 8.130.2.D)
- Document **any additional monies** charged to the resident or his/her family and/or guardian.
- Additional charges:
 - Must **not** be for services covered by Medicaid
 - Must be **clearly delineated** in the resident agreement
 - Must be fully refunded or withholdings clearly defined on the **day of discharge**

(8.495.6.D)

49



Change of Ownership

Providers must provide **written notice** to the Department (HCPF) of intent to change ownership no later than **30 days before** the sale of the facility.

The new owner **does not** automatically become a Medicaid Provider.

They must complete the Medicaid Provider enrollment process and meet all licensing, certification or approval processes.

All documentation must be kept for **six years**, even if there is a change of ownership. (8.130.2.D)



Ombudsman Program

An Ombudsman is a designated facilitator who:

- Provides **confidential** assistance in resolving grievances and disputes.
- **Investigates** complaints, reports findings, and mediates fair settlements between individuals, group of individuals, and institutions or organizations.
- For more information: www.thelegalcenter.org
 - Email: tlcmail@thelegalcenter.org
 - Phone:

Denver Office – 800-288-1376

Grand Junction Office – 800-531-2105



Learning Checkpoint 3

Take a moment to review these checkpoint questions.

Question	True	False
If staff/administrator “thinks” resident abuse may have occurred, but isn’t sure, they do not have to report it.		
The ACF Administrator must ensure that ALL documentation is kept for at least six years.		
In most cases, incidents requiring a Critical Incident Report be sent to the SEP, will also require that an Occurrence Report is sent to CDPHE.		
Suspected crimes against residents must be reported to the police.		
A potential resident who has acute physical illness that’s not managed is not appropriate in an ACF.		

Learning Checkpoint 3

Take a moment to review these checkpoint questions.

Question	True	False
Only the resident and the ACF administrator are considered to be part of the resident's team.		
Residents must only be assessed when they move into the ACF.		
ACF residents have the same rights as all other American citizens, and they have additional rights defined in Colorado Rule.		
An ACF that provides medication assistance to residents beyond reminders must have a QMAP on the team to provide that assistance.		
An ACF may provide skilled care to a resident on an intermittent basis.		

Learning Checkpoint 3

Answers

Question / Clarification	True	False
If staff/administrator “thinks” resident abuse may have occurred, but isn’t sure, they do not have to report it. False: Suspected, as well as known, abuse MUST be reported as a critical incident, occurrence and to County Adult Protective Services, as appropriate.		X
The ACF Administrator must ensure that ALL documentation is kept for at least six years. True: All documentation must be kept for six years, even if there is a change of ownership.	X	
In most cases, incidents requiring a Critical Incident Report be sent to the SEP, will also require that an Occurrence Report is sent to CDPHE. True: At times both agencies may need to be notified of the same incident.	X	
Suspected crimes against residents must be reported to the police. True: Notify the police whenever a suspected crime has occurred.	X	
A potential resident who has acute physical illness that’s not managed is not appropriate in an ACF. True: ACFs may not be appropriate for all potential residents.	X	

Learning Checkpoint 3

Answers

Question / Clarification	True	False
Only the resident and the ACF administrator are considered to be part of the resident's team. False: the team may consist of family members/guardians, Case Managers, and any other person involved in the care of the resident.		X
Residents must only be assessed when they move into the ACF. False: residents must also be assessed annually and anytime there is a significant change. Best practice suggests quarterly assessments.		X
ACF residents have the same rights as all other American citizens, and they have additional rights defined in Colorado Rule.	X	
An ACF that provides medication assistance to residents beyond reminders must have a QMAP on the team to provide that assistance.	X	
An ACF may provide skilled care to a resident on an intermittent basis. False: Residents who require skilled care regularly should not be admitted to an ACF. Residents may received skilled care on an intermittent basis, but only from a certified Medicaid home health provider.		X

Medicaid Billing Process



How to Submit Claims

Once enrolled as a Medicaid provider and **after attending billing training** *:

- ACF providers can submit claims electronically through the Colorado Medical Assistance Program Web Portal

<https://sp0.hcpf.state.co.us/Mercury/login.aspx>

*See Resources for more info



Submitting Claims

Before submitting a Medicaid claim, an ACF must obtain a **Prior Authorization Request (PAR)** from the SEP, which authorizes services.

Claims must be submitted **within 120 days** from the date of service.



Reimbursement

- Medicaid reimbursement for services
 - **1 unit = 1 day of care**
 - 2013/2014 Per Diem = \$49.95
 - Billed through claims process via Web Portal
- Room and board payment
 - **Paid by resident** for non-Medicaid services
 - 2013/2014 Room & Board = \$651.00 / month
- Non-Medical Leave/Programmatic Leave
 - A **maximum** of 42 days in a calendar year is allowed for Non-Medical Leave and Programmatic leave, combined



Non-billable Services

- An ACF cannot bill for services while the resident is in a hospital or Nursing Facility
 - Though unable to bill Medicaid when the resident is in a hospital or Nursing Facility, the ACF may still collect Room and Board from the resident
- Cannot bill for services that are duplicative of what's included in the per diem rate (e.g., Personal Care/Homemaker, electronic monitoring, non-medical transportation, etc.)
- The ACF cannot seek supplemental Medicaid payment from resident



Required Billing Training

- HCPF's fiscal agent provides in-depth billing training that ACF Administrators are **required to attend**
 - Class schedules can be found at www.colorado.gov/hcpf/providerservices → Training & Workshops
or in the current [Provider Bulletin](#)
- HCBS Adult billing manual
 - www.colorado.gov/hcpf/providerservices → Billing Manuals → HCBS



Learning Checkpoint 4

Take a moment to review these checkpoint questions.

Question	True	False
ACF Administrator does not have to attend any training related to billing.		
ACFs cannot bill Medicaid if a resident is in the hospital.		
Claims must be submitted within one year of service.		
If I have a question, there is always someone to ask.		



Learning Checkpoint 4

Answers

Question / Clarification	True	False
ACF Administrator does not have to attend any training related to billing. False: ACF Administrators are required to attend billing training via HCPF's Fiscal Agent.		X
ACFs cannot bill Medicaid if a resident is in the hospital.	X	
Claims must be submitted within one year of service. False: Claims must be submitted within 120 days of service.		X
If I have a question, there is always someone to ask. True: See resources and glossary section for contact information for various agencies.	X	

Resources and Glossary



Resources

HCPF Provider Services: www.colorado.gov/hcpf/providerservices

- Resources you will find – Billing Manuals, FAQs, Enrollment Information, Training & Workshops, Forms, and more

HCPF Contacts:

Nicholas Clark (Certification): Nicholas.Clark@state.co.us

Sarah Hoerle (Policy Questions): Sarah.Hoerle@state.co.us

HCBS Waivers website:

www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509

HCPF ACF website:

www.colorado.gov/cs/Satellite/HCPF/HCPF/1251641338335



Resources

To Download **Standard Provider Application**

1. Go to www.colorado.gov/hcpf/providerservices
2. Click on Enrollment in left-hand menu
3. Click on HCBS in left-hand menu
4. Click on “Standard Provider Application”

Other helpful resources

- ACF Checklist: www.colorado.gov/cs/Satellite/HCPF/HCPF/1251639489461



Resources

Department of Public Health and Environment (CDPHE)

Main website: www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251583470000

Dee Reda 303-692-2893 Dee.Red@state.co.us

Provider Resources website –

www.colorado.gov/cs/Satellite?c=Page&childpagename=CDPHE-HF%2FCBONLayout&cid=1251590616731&pagename=CBONWrapper

Department of Public Safety, Division of Fire Prevention and Control

Main website: dfpc.state.co.us

Sean Schwartzkopf 303-692-2914 or 303-692-6292



Resources

30-HOUR Assisted Living Residence ADMINISTRATOR TRAINING PROGRAMS:

Listed alphabetically:

Colorado Gerontology Society
Eileen Doherty: 303-333-3482

Colorado Health Care Association/Consulting in Education Unlimited
Main phone: 303-861-8228
Margaret Ray (trainer): 303-457-3288

LeadingAge Colorado [formerly CAHSA (Colorado Association of Homes and Services for the Aging)] – Online Program
www.leadingagecolorado.org or contact: 303-837-8834



Resources

Medicare, State Health Insurance Assistance Program (SHIP):

shiptalk.org

Colorado Single Entry Point Agencies:

www.colorado.gov/hcpf > Partners & Researchers > Long-Term Services and Supports Partners > SEP

Qualified Medication Administration Persons (QMAP):

www.colorado.gov/cs/Satellite/CDPHE-HF/CBON/1251590618030



Resources

Occurrence Reporting:

CDPHE Occurrence Reporting

www.colorado.gov/cs/Satellite/CDPHE-HF/CBON/1251590618019

Sue Neff: 303-692-2826

Ombudsman Program:

www.thelegalcenter.org

Email: tlcmail@thelegalcenter.org

Phone:

Denver Office – 800-288-1376

Grand Junction Office – 800-531-2105

CDPHE Provider Resources for ALRs:

www.colorado.gov/cs/Satellite?c=Page&childpagename=CDPHE-HF%2FCBONLayout&cid=1251590616731&pagename=CBONWrapper



How to find ACF Medicaid Rules

State laws that govern ACFs are called “Rules”

CCR Title: 10 CCR 2505-10, Section 8.400 Medical Assistance

ACF Rules: 8.495 ALTERNATIVE CARE FACILITIES [Eff. 03/30/2009]

(EBD Rules: 8.485 and 8.487, CMHS Rules: 8.509)

Full text of the ACF Medicaid Rule can be found online at:

Colorado.gov/hcpf

- In the *Quick Links* menu
select **Program Rules and Regulations**
 - Select the 8.400-8.499 link
 - You will be directed to the Secretary of State Website
 - Look for **8.495, 8.487 or 8.509**



Glossary

Term	Definition
Care Plan	Written description in lay terminology of the functional capabilities of an individual, the individual's need for personal assistance, and the services to be provided by the facility in order to meet the individual's needs. May also mean a service plan for those facilities which are licensed to provide services specifically for the mentally ill.
Case Managers	Work at SEP agencies and help determine which programs an individual may be eligible for; facilitate care planning; and communicate regularly with clients to ensure needs are met.
Colorado Medical Assistance Program	Department of Health Care Policy and Financing's fiscal agent. Manages provider enrollment and billing. Provides mandatory billing training.
CDPHE	Colorado Department of Public Health and Environment

Glossary

Term	Definition
Functional Assessment	Case Managers use the ULTC 100.2 assessment tool to assess: <ul style="list-style-type: none">• A resident's strengths and needs in Activities of Daily Living (e.g., bathing, dressing, cooking, etc.)• A resident's need for supervision• Any special circumstances the resident may have
HCPF	Colorado Department of Health Care Policy and Financing
Life Skills Training	Services designed and directed at the development and maintenance of the resident's ability to independently sustain himself/herself physically, emotionally, and economically in the community.
Non-Medical Leave Days	Days of leave from the ACF by the resident for non-medical reasons such as family visits or field trips.

Glossary

Term	Definition
Programmatic Leave Days	Days of leave prescribed for a Medicaid client by a physician for therapeutic and/or rehabilitative purposes.
Protective Oversight	Monitoring and guidance of a resident to assure his/her health, safety, and well being. Includes, but is not limited to: monitoring the resident while on the premises, monitoring ingestion and reactions to prescribed medications, if appropriate, reminding the resident to carry out activities of daily living, and facilitating medical and other health appointments. Includes the resident choice and ability to travel and engage independently in the wider community, and guidance on safe behavior while outside the ACF.
Secured Environment	Any grounds, building or part thereof, method or device that prohibits free egress of residents. An environment is secured when the right of any resident thereof to move outside the environment during any hours is limited.

Glossary

Term	Definition
SEP Agencies	Single Entry Point agencies provide case management and care planning as well as providing referrals to other resources. Find a SEP in your region



ACF Provider Training Certificate of Completion

Print Name of Facility

Print Address of Facility

Print Administrator Name

Administrator Signature

Existing Provider ID

Today's Date

*By signing and submitting this page, you confirm that you have **read and understand** the preceding ACF Provider Training material provided by the Department of Health Care Policy and Financing which is required to become a new ACF Medicaid Provider*

Please print, sign and submit this page of the presentation to Nicholas.Clark@state.co.us
OR by fax to 303-866-2786

Do not write below this line – HCPF Staff Only

Reviewed By

This certificate will be kept on file as verification of this process

Date